

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	5-4-99
FORMALITY REVIEW		69853	5/10/99

MT RAM 4/30/99  
INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	10	14
2	✓	20	30
3	✓	00	00
4	✓	00	01
5	✓		
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50	✓		

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions, staple additional sheet here **BEST AVAILABLE COPY**

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